

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Paper

Computer Readable Form (CRF)?::

Yes

Number of copies of CRF::

1

Title ::

A CONSERVED XIAP-INTERACTION MOTIF  
IN CASPASE-9 AND SMAC/DIABLO FOR  
MEDIATING APOPTOSIS

Attorney Docket Number::

480140.475

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

1

Total Drawing Sheets::

17

Small Entity?::

No

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

National Institutes of Health

Contract or Grant No::

AG14357, AG13487 and CA55227

Secrecy Order in Parent Appl.?::

No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Srinivasa  
Middle Name:: M  
Family Name:: Srinivasula  
Name Suffix::  
City of Residence:: Philadelphia  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: Orlowitz Apartments No. 1807  
1000 Walnut Street  
City of mailing address:: Philadelphia  
State or Province of mailing address:: PA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 19107

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Emad  
Middle Name:: S  
Family Name:: Alnemri  
Name Suffix::  
City of Residence:: Ambler  
State or Province of Residence:: PA  
Country of Residence:: US

### Third Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Teresa
Middle Name::	
Family Name::	Fernandes- Alnemri
Name Suffix::	
City of Residence::	Ambler
State or Province of Residence::	PA
Country of Residence::	US
Street of mailing address::	805 Meetinghouse Road
City of mailing address::	Ambler
State or Province of mailing address::	PA
Country of mailing address::	US
Postal or Zip Code of mailing address::	19002

## Correspondence Information

Correspondence Customer Number :: 00500

## Representative Information

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-in-part	09/939,293	08/24/01
This application	Non-provisional	60/267,966	02/08/01

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	

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